

Newsletter - April 2020



PARN has increased its harm reduction outreach services in response to the COVID-19 pandemic. Pictured is PARN Executive Director Charles Shames providing harm reduction outreach services at One Roof Community Centre. See page 2 for all of the details. Photo courtesy of Peterborough Currents

Responding to the COVID-19 Pandemic

PARN is a community-based agency providing support and health promotion for people living with or affected by HIV and/or AIDS, or Hepatitis C. PARN provides education for people at risk for HIV and awareness of AIDS issues to the broader community.

PARN's Board of Directors for 2019/20

Chair:

Lawrence Finnie

Vice Chair:

Kim Sanderson

Secretary-Treasurer:

Elisa Hollingsworth

Members at Large:

Adrienne Barnes, Kim Kennelly, Mark Phillips.

Important Notice About PARN Services

PARN is continuing to provide services during the COVID-19 pandemic and has implemented social-distancing practices in its office to allow for continuation of service to some of the most vulnerable people in Peterborough and the Four Counties. Anyone displaying symptoms of COVID-19 (namely fever and dry cough) should not come into the office for Harm Reduction services and instead call PARN's Harm Reduction Outreach Workers.

Harm Reduction Works @ PARN

PARN is operating its harm reduction program out of its office at 159 King Street Suite 302 on:

- Mondays, Wednesdays, Thursdays and Fridays from 9:30 am to 5:00 pm and;
- Tuesdays from 11:30 am to 5:00 pm.

In addition to open office-hours, PARN is also providing harm reduction outreach services at the following locations and times:

- Outside of One Roof Community Centre - 7 days a week - from 12 pm to 2 pm
- New shelter at the Wellness Centre - 7 days a week from 4 pm to 5 pm
- Bethune Street - Mondays, Wednesdays and Fridays from 5 pm to 8 pm

Harm Reduction outreach services in Peterborough can also be reached at 705-740-5155 or 705-559-0656.

For Harm Reduction services in Northumberland County, please call 905-269-0693. For Harm Reduction Services in the City of Kawartha Lakes and Haliburton County please call 705-559-6328.

HIV Support Services

Brittany Cameron (705-957-2137 or brittany@parn.ca) and Rachel Petty (705-559-6330 or rachel@parn.ca) are continuing to provide support and practical services to people living with HIV.

Hep C Services

For Hep C Services at PARN, please contact Becky Lyon at 705-957-3568 or becky@parn.ca

Rainbow Youth

For inquiries about Rainbow Youth, please contact Marty Cleary at 705-312-0858

Peers and Volunteers

All PARN Peer and Volunteer activities are suspended until further notice

All PARN events and program activities, including Rainbow Youth Drop-In and Hep C Drop-In, are postponed until further notice. We are working to make virtual drop-ins possible.

Please note that PARN has postponed A Taste For Life, originally scheduled for April 22, until further notice.

This information is subject to sudden change. Please visit www.parn.ca for the most up-to-date information.

Charles Shames is the new Executive Director at PARN!

In 1987, Charles Shames was part of a small group of volunteers whose concern about HIV/AIDS in Peterborough led to the founding of PARN. More than 30 years later, PARN's Board of Directors is pleased to announce that Shames has been named the new Executive Director of PARN.

Shames has been serving as PARN's Interim Executive Director since January 2020. He brings a wealth of experience in the HIV, substance use and mental health sectors to his role at PARN.

"We conducted a wide-ranging search for our new Executive Director and interviewed people from across Canada for this position," says Lawrence Finnie, Chair of PARN's Board of Directors. "Charles was the clear choice and his experience and leadership qualities will be a major benefit to our agency in these uncertain times."



Following the launch of PARN as an incorporated agency in 1990, Shames served as PARN's Education Coordinator and helped develop the Harm Reduction Works and Rainbow Youth programs. In November 2006, Shames joined the Public Health Agency of Canada's AIDS Community Action Program (ACAP) and Hepatitis C program as a program consultant and then became Director of the Ontario HIV and Substance Use Training Program (now known as the Ontario Harm Reduction Network) in 2008. Shames also worked at Fife House, Canada's largest HIV housing program.

Shames became first Director of the Ontario HIV Treatment Network's (OHTN) Evidence-Based Practice Unit in February 2010. Shames returned to Peterborough in 2016 to coordinate the Haliburton, Kawartha Lakes, Northumberland Drug Strategy.

"I am honoured to be back working at PARN and supporting our staff to address the significant challenges our clients and service users face," says Shames. "Many of our clients living with HIV and service users with substance use challenges live in poverty, have food and housing insecurity while in the midst of the current coronavirus pandemic and the ongoing opioid poisoning crisis. We will continue to do our best to support them and advocate for more resources and supports from our communities and governments."

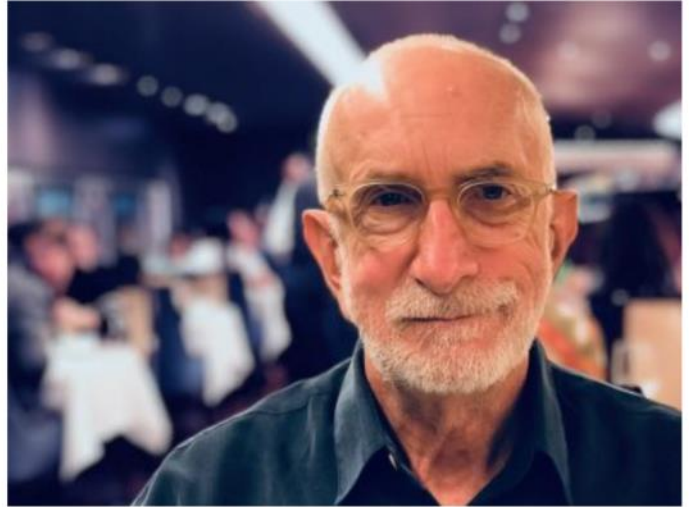
Shames replaces former PARN Executive Director Kim Dolan who took on the Executive Director role with the YWCA Peterborough Haliburton in February 2020.

Coronavirus control measures are super important.

But they are not enough!

This content was originally published by CATIE, Canada's source for HIV and hepatitis C information. Bob Leahy is from Warkworth, Ontario and has lived with HIV since 1993. Formerly the publisher of PositiveLite, he is a frequent commentator on issues affecting people living with HIV.

Let's get real right away. The novel coronavirus disease (COVID-19) is not a hoax. It's not an overblown media story. It's here amongst us and we have to take it very seriously. The threat to our own health and to that of the community we live in is real.



Bob Leahy - CATIE.ca

We have the ability to fight this virus

If there is good news for people living with HIV, it's twofold. First, we have been here before. This is not our first epidemic. We, more than anyone, know what it's like to fight a virus while dealing with a myriad of other pressures. And secondly, if we are doing well on treatment and our immune system is healthy (your CD4 count will tell you that), we are likely at no greater risk than our HIV-negative friends. True, there may be complicating factors, such as age or other health concerns we may be dealing with, but otherwise we likely have an ability to fight the virus, largely unhampered by our HIV status.

As Sean Hosein has said in the recently published CATIE News: "An HIV-positive person on effective treatment is not expected to be at higher risk of becoming seriously ill with COVID-19". However "a person with untreated HIV or a low CD4+ cell count may be at higher risk of becoming seriously ill with COVID-19. People with HIV or hepatitis C are more likely to have other conditions that carry a greater risk of becoming seriously ill with COVID-19."

Our response needs to go beyond disease control

By now, most people understand what you need to do to lessen the chances of being infected with this coronavirus. Frequent handwashing and/or hand sanitizing, not touching your face, social distancing have all become, or should become, the new normal. You have probably already experienced that it's easy to keep washing your hands, but it's less easy to do without social interaction. People with HIV who live alone, in particular, need social interaction. In fact, the most marginalized arguably face the toughest battles. But again, we are a caring community that has fought battles like this before. We help each other in times of need. We communicate with each other. We provide support. We look beyond the medical condition. We save lives. It's our history.

Our response to this virus, once again, needs to go beyond the medical and beyond disease control. We need to recognize the impact of prolonged isolation, prolonged anxiety and, in some cases, prolonged despair. Our community has always stressed the importance of strong mental, spiritual and sexual health. Let's also stress their importance in the age of COVID-19.

Continues on next page

Marginalized people are the most in need

Our most marginalized are potentially the most in need right now. Imagine you are in prison, homeless or living in a crowded shelter. Imagine you are a sex worker, dependent on that income to survive, with no safety net. Imagine you use drugs, need them to survive, are used to sharing. How do you deal with the new reality?

We have turned to harm reduction before. We recognize how hard it can be to change behaviours, so we provide solutions that reduce risk. In the last few days, for example, we have seen brand new resources that offer harm reduction solutions to both drug users and sex workers. Their aim is to reduce the risk of acquiring and passing on this new coronavirus. They are excellent resources, but we need more information like this.

Harm reduction may be the approach

It's been said before that the queer community is particularly vulnerable. It's a community whose members tend to be social. It's not uncommon for us to live alone, so social isolation hurts. Sex is a part of our culture. Abstinence is not. Our history tells us that calls for abstinence were a hugely ineffective means of controlling the HIV pandemic. I worry they won't work in relation to COVID-19.

We need to do more to meet those challenges so that a mini-epidemic of COVID-19 within the queer community is not in our future. I think it's time to recognize that, for some, harm reduction recommendations, rather than a call for abstinence, are what is needed. Let's have a solution-oriented community conversation about that, starting now.

This is not the time for moralizing

We have seen infection control addressed. We have seen the economic implications addressed. But there remains a gap in how we address the impact on us as humans. We need to think about the impact of the epidemic on those with fragile mental health. We need to address the human needs of those under extraordinary pressures. This is not the time for moralizing about lifestyles, about drug use or about sex.

I've talked to people who are struggling, people who are afraid, people who see drugs as their way out, people craving human touch, people in denial. We need stepped-up supports for all of these that go beyond recommending handwashing and isolation. The marginalized will always need extra help – and they should get it.

If all this sounds bleak, it wasn't my intention. I have a profound belief in the goodness of humankind. Already I've seen people helping each other, making efforts to communicate with each other, checking up on each other's practical needs, making isolation more bearable, finding new ways to communicate. I'm seeing kinder times. More importantly, I'm certain this will be over one day. Don't despair. Stay strong. Be there for the big party once all this is over.

Your drugs might have benzos in them without you knowing it!

When this happens, Naloxone may take longer to work when there is an overdose. It still works though.

A benzo-related overdose may last several hours. It can include the following symptoms:

- Drowsiness and sedation: the person affected may feel very sleepy and slip in and out of consciousness.
- Impaired balance, grogginess and/or movement control.
- Slurred speech.
- Blackouts and memory loss.

If an overdose with benzodiazepines is suspected, perform typical resuscitation as required.

The effects of benzodiazepines, such as sedation, sleep and shortness of breath may look similar to the effects of opioid drugs such as fentanyl, oxycodone and heroin.

Naloxone is extremely effective in reversing opioid overdose. Benzos are not opioid drugs and therefore will not respond to naloxone administration.

Despite this, people are encouraged to administer naloxone in the event of any suspected drug overdose, as you will not know what drugs are causing the overdose.

The Meaning Behind "Meaningful Engagement"

MIPA / GIPA

- **MIPA** (Meaningful Involvement of People Living with HIV/ AIDS)
- **GIPA** (Greater Involvement of People Living with HIV / AIDS)

What does this mean for community work?

The principle of meaningful engagement of people who are living with HIV ensures that:

- people with HIV are involved in all areas of policy making, program implementation, and service delivery (IHAA & GNPLH, 2010).
- "nothing about us without us".
- recognition that "participation leads to ownership" (IHAA & GNPLH, 2010, p.8) which will facilitate social change.
- ensure that prevention messages are not stigmatizing (IHAA & GNPLH, 2011).
- provide appropriate compensation for knowledge and time.
- people's skills are utilized: build capacity and increase confidence.
- more than empowerment: meaningful engagement is about reducing barriers that have been imposed by stigma.

Timeline

1980's

- healthcare providers and policy makers did not involve people living with HIV/AIDS
- highly stigmatized; frightening to disclose status
- **1983** - Denver Principles: people living with HIV/AIDS are whole people, not "victims" or "patients" (King, 2019).

1990's

- **1992** - creation of the International Community of Women Living with HIV/AIDS (advocating for the rights of HIV positive women) (IHAA & GNPLH, 2011).
- **1994** - Paris Declaration: people living with HIV / AIDS should be involved in policy making and implementation, linked poverty and discrimination to the spread of HIV, and called attention the human rights violations (Paris AIDS Summit, 1994).
- antiretroviral advocacy in Africa
- peer support organizations began (IHAA & GNPLH, 2011).

2000's

- **2001** - UN General Assembly Special Session on HIV AIDS (UNGASS) (IHAA & GNPLH, 2011).
- **2002** - Global Fund created to fund programming and included guidelines for involving people living with HIV in distributing the grants (IHAA & GNPLH, 2011).
- formations of new networks of people living with HIV/ AIDS
- **2005** - Algiers Declaration (Middle East and North Africa) (IHAA & GNPLH, 2011).
- **2009** - Declaration of Saint Denis (Indian Ocean Islands) (IHAA & GNPLH, 2011).

2010 Onward

- capacity building for people living with HIV/ AIDS
- working towards people living with HIV/ AIDS leading the way, not just "involved"

References

- International HIV/AIDS Alliance (IHAA) and the Global Network of People Living with HIV (GNPLH) (2010). Greater involvement of people living with HIV (GIPA). International HIV/AIDS Alliance. Retrieved on March 25 from: https://www.gnplh.net/assets/wbb_file_updown/4224/English.pdf
- International HIV/AIDS Alliance (IHAA) and the Global Network of People Living with HIV (GNPLH) (2011). Renewing our commitment to putting the greater involvement of people living with HIV (GIPA) into practice. International HIV/AIDS Alliance. Retrieved on March 25 from: https://www.gnplh.net/assets/wbb_file_updown/2089/GIPA_Dakar_workshop13_05_11.pdf
- King, M. (2013). How 'The Denver Principles' Changed Healthcare Forever. The POZ. Retrieved on March 25 from <https://www.poz.com/blog/how-the-denver-princ>
- Paris AIDS Summit (1994). The Paris Declaration. UNAIDS. Retrieved on March 25 from http://data.unaids.org/pub/externaldocument/2007/the-paris-declaration_en.pdf

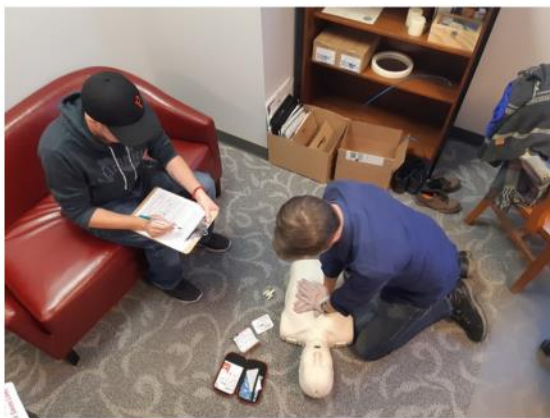
Naloxone Saves Lives



**Many people in our communities are at-risk for overdose.
You can be prepared to save a life.**

Harm Reduction Works @ PARN provides no-cost Overdose Prevention Training and Naloxone Kits to anyone. The training can take as little as ten minutes and can change a life forever.

Please contact us at 705-749-9110 to arrange for training, or just stop by our office at 159 King Street, Suite 302 and we'll hook you up with the training and a kit.



Naloxone Saves Lives